Tobacco Control Strategy

Progress Report

October 2001 - March 2004

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NOVA SCOTIA
Health Promotion

Introduction

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Background

On October 11, 2001, the Government of Nova Scotia announced and endorsed the provincial Tobacco Control Strategy. Although tobacco prevention and cessation activities had been under way in Nova Scotian communities before its launch, the official endorsement of the strategy resulted in increased investments in tobacco control, including the provision of staff support for tobacco control at the district level.

The strategy was developed in consultation with stakeholders from across the province and based on evidence from other jurisdictions where significant reductions in tobacco use had been achieved. The goals of the Tobacco Control Strategy are to decrease youth and adult smoking rates, decrease exposure to second-hand tobacco smoke, and, over the long term, decrease rates of smoking-related illness. A comprehensive approach was developed and includes the following components:

- taxation
- legislation and policy
- communications
- youth prevention
- community-based programs
- treatment and cessation
- evaluation and monitoring

The Tobacco Control Strategy has been under way for just over two years and is in the early stages of implementation. This report summarizes progress on implementation of all strategy components between October 2001 and March 2004. Outcome measures related to adult and youth smoking and children's exposure to second-hand tobacco smoke for this period are aiso presented.

The report was compiled by an independent evaluation consultant.

Methods

The assessment is based on an evaluation framework that was developed in 2002 to guide ongoing evaluation of the Tobacco Control Strategy. Data was gathered through a review of existing documents (e.g., evaluation reports of strategy initiatives such as the social marketing campaign and Smokers' Helpline and reports on activities from the Office of Health Promotion); questionnaires distributed to district tobacco coordinators and Addiction Services staff; and a review of outcome data from the Canadian Tobacco Use Monitoring Survey (Health Canada, 2000, 2001, 2002, 2003) and the Nova Scotia Student Drug Use Survey (Nova Scotia Department of Health and Dalhousie University, 1998 and 2002).

Progress of the Strategy

Taxation

Tobacco taxation plays an important role in reducing tobacco use among youth and adults. Since the launch of the provincial Tobacco Control Strategy, there has been a steady increase in the tobacco tax, with a federal/provincial tax increase of $4.00 per carton in November 2001 followed by an annual provincial tax increase of $5.00 per carton in the following three years. Between April 2001 and March 2004 the provincial tax per carton of cigarette increased from $9.64 to $31.04.

Increases in tobacco taxation have resulted in increased investment in the Tobacco Control Strategy. Dedicated strategy funding increased from $500,000 in 2001–02 to $1,960,000 in 2003–04. This funding has allowed for ongoing enhancement and expansion of initiatives.

Legislation and Policy

Enforcement of effective legislation supports tobacco reduction goals by protecting individuals from exposure to tobacco smoke, preventing youth from starting to smoke, and discouraging individuals from smoking.

To date, tobacco legislation in Nova Scotia has focused on two areas:

1. restricting smoking in workplaces and public places and
2. restricting tobacco sales to youth under the age of 19 years.

Smoking in Workplaces and Public Places

The Smoke-Free Places Act

Bill 125, the *Smoke-Free Places Act* came into effect in January 2003. The act restricts smoking in most workplaces and public places throughout the province. Following is an overview of the key provisions of the act:

- Smoking is prohibited in indoor areas in malls, daycares, and healthcare facilities and in schools and on school grounds.
- Smoking is prohibited in restaurants except in designated smoking rooms.
- Smoking restrictions in liquor-licensed establishments/events vary depending on the type of liquor licence issued by the Alcohol and Gaming Authority. In lounges and beverage rooms smoking is banned or restricted to designated smoking rooms until 9 pm; while at licensed events in private clubs, legions, and special premises, smoking is restricted only if youth under 19 years of age are present.
- Smoking is prohibited in industrial workplaces except in designated smoking rooms.
- Smoking is prohibited in nursing homes and licensed long-term care facilities except in designated smoking rooms.
- Smoking is restricted in bingos only when youth under 19 years of age are present.

The *Smoke-Free Places Act* is enforced by provincial inspectors from four government departments/agencies, including the Department of Environment and Labour, the Alcohol and Gaming Authority, Department of Agriculture and Fisheries, and the Office of Health Promotion. Inspectors actively enforce the act, and they report high compliance.

The goals of the Tobacco Control Strategy are to decrease youth and adult smoking rates...

Smoke-Free Municipal By-laws

Ten of 55 Nova Scotia municipalities have by-laws requiring public places to be 100 per cent smoke-free. Table 1 lists these municipalities.

Table 1 *Municipalities with 100 per cent Smoke-Free Public Places By-laws*

Municipality	By-law Effective Date
Town of Wolfville	January 2002
Town of Berwick	April 2002
Municipality of the County of Inverness	January 2003
Municipality of the County of Richmond	January 2003
Municipality of the County of Victoria	January 2003
Town of New Glasgow	January 2003
Town of Port Hawkesbury	February 2003
Municipality of the County of Antigonish	April 2003
Town of Antigonish	May 2003
Cape Breton Regional Municipality	July 2003

School-Based Policy

The *Smoke-Free Places Act* bans smoking in school buildings and on school grounds. To assist schools in complying with the act, the Nova Scotia School Smoking Prevention Coalition developed a handbook entitled *Making It Work: Guidelines for Creating Effective Smoke-Free School-Based Policy*. The guidelines were developed within the context of the Nova Scotia *Education Act* and the Nova Scotia School Code of Conduct and provide schools with the steps necessary to create or revise a smoke-free policy.

The handbook was distributed by the Department of Health to all schools in Nova Scotia in 2002 to support them in their policy development activities.

Restricting Tobacco Sales to Youth

The Tobacco Access Act

The *Nova Scotia Tobacco Access Act* prohibits the sale of tobacco products to youth under the age of 19 years. Three full-time inspectors with the Office of Health Promotion enforce the *Tobacco Access Act*. Compliance has been fairly consistent: in 2003–04 the sales to minors compliance rate was 71 per cent.

Communications/ Public Awareness Campaign

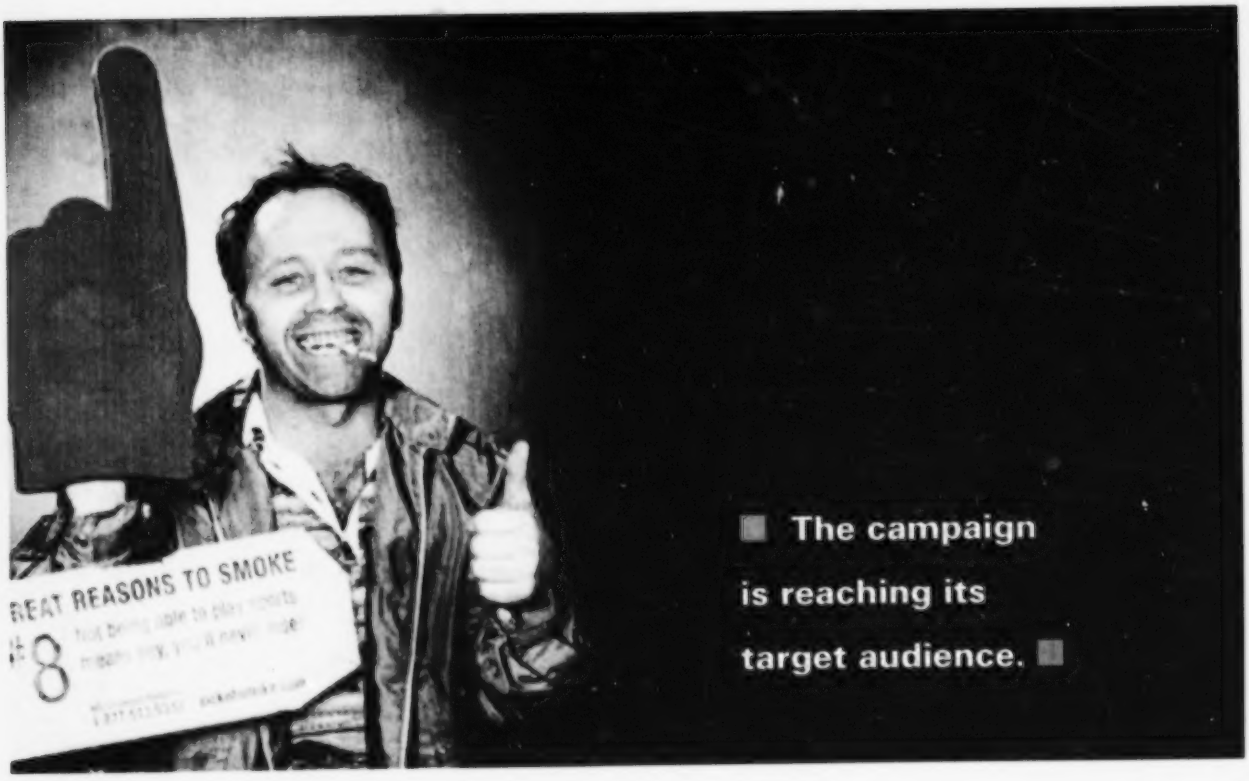
Effective anti-smoking campaigns are comprehensive in nature, consistent and regular in their communication over time, and create synergy among all tobacco control program and policy elements. Using these principles as a foundation, Nova Scotia launched a three-year comprehensive tobacco communications/public awareness campaign in 2002.

The goals of the provincial tobacco communications campaign are to engage and activate key stakeholders, reinforce the harms associated with tobacco use, and ensure that Nova Scotians know there is support for them when quitting. The campaign includes a range of initiatives designed to reach communities across Nova Scotia, with a specific focus on youth and young adults (aged 15 to 34 years).

Following is a description of the components of the communications campaign in years one and two.

2002–03 Campaign

- two new locally produced television ads, "Family Outing" and "Fitting In"
- print ads/posters—*Great Reasons to Smoke*—and distribution of posters to high schools
- a website (sickofsmoke.com)
- communications support to community partners (e.g., public service announcements for local broadcast use, advertising templates, posters, media training)



2003–04 Campaign

- eight new television ads—*Great Reasons to Smoke*
- expansion of *Great Reasons to Smoke* print ads into university papers and transit shelters
- enhancements to sickofsmoke.com website
- workplace program to support employers in communicating effective stop-smoking messages and programs to employees
- *You Choose*, a tobacco media literacy curriculum for high schools
- ongoing communications support to community partners

The campaign is reaching its target audience. A provincial telephone survey with 800 15- to 34-year-olds found that there was high recall for the year one (2002–03) television and print ads, the message was effective and having the desired impact.

Recall

- Overall recall of the television ads was high at 73 per cent.

Message

- Both the television and print ads were effective for believability and capturing the realities of smoking.

Impact

- The television ads provided viewers with new ideas about smoking.
- Television ad viewers exhibited more quit attempts than non-viewers.

The Nova Scotia tobacco communications campaign has been recognized regionally, nationally, and internationally. Both the 2002–03 and 2003–04 campaigns have been awarded national and international awards.

Community-based Programming

Community action is critical to the success of tobacco control efforts. Nova Scotia's Tobacco Control Strategy has supported community-based programs by providing funding to provincial capacity-building conferences and to district health authorities.

Tobacco Conferences

Two provincial tobacco control conferences have been held in Nova Scotia, the first in 2001 and the second in 2004. Both events were planned and sponsored by a partnership of organisations including: Canadian Cancer Society, Nova Scotia Division; Cancer Care Nova Scotia; Coalition for a Smoke-Free Nova Scotia; Doctors Nova Scotia; Heart and Stroke Foundation of Nova Scotia; Nova Scotia Dental Association; Nova Scotia Office of Health Promotion; and Smoke-Free Kings. The conferences were built around the themes of supporting effective community-based tobacco control efforts, strengthening tobacco control partnerships and networking. Approximately 150 participants, representing a wide range of service providers and stakeholders, attended each event.

District Strategies

Since the launch of the strategy in 2001, provincial funding has been provided to district health authorities (DHAs) to support community-based tobacco control initiatives. This funding has supported the hiring of tobacco control coordinators in Public Health Services in each of the nine DHAs. Work on district tobacco control strategies has been undertaken in all DHAs, with eight of nine districts having developed strategies.

District tobacco coordinators reported working with a variety of partners and structures that were established to support local tobacco control initiatives, including advisory committees, planning committees for the local strategy, working groups to implement components of the strategy, and structures for communication and capacity-building initiatives.

Local partnerships were established and strengthened with organizations and providers from many sectors:

- health charities
- community groups
- provincial government
- municipal government
- provincial programs
- tobacco coalitions
- district health authorities
- school boards
- professional associations
- universities and colleges
- local police departments
- chambers of commerce and local workplaces
- First Nations groups
- sport organizations

Smoke-Free Policy

Tobacco coordinators supported 100 per cent smoke-free policies at the municipal, DHA, and organizational levels. Seven DHAs have implemented comprehensive policies, with smoking prohibited in all DHA facilities, grounds, and vehicles. Tobacco coordinators also provided support to local organizations such as businesses, fire departments, soccer clubs, and health centres to develop and implement smoke-free policies for their organizations.

School-Based Initiatives

Tobacco coordinators support development and implementation of smoke-free school board and school policies. Public Health Services promote and support implementation of *Smoke-Free for Life*, a tobacco prevention curriculum supplement for grades primary to 9. Other school-based initiatives included the following:

- **Teens Tackle Tobacco Project**, which provides youth with information and skills to develop creative ways to deliver tobacco prevention information to other youth
- **KATS (Kids Against Tobacco Smoke)**, a school-based peer education program delivered by Public Health Services in partnership with Addiction Services, school boards, and the Nova Scotia Sport and Recreation division of the Office of Health Promotion
- components of the **ACT (Action in Your Community Against Tobacco)** initiative targeted toward youth
- **No More Butts**, a peer-led group stop smoking program for high school students

Treatment and Cessation

An effective nicotine treatment strategy ensures that a range of programs and resources is available and accessible in communities throughout the province. The Tobacco Control Strategy has significantly enhanced the accessibility of effective nicotine treatment services and programs throughout the province.

District Programs

The strategy provides Addiction Services in the district health authorities with funding to assist with staffing and coverage of pharmacological cessation aids. A total of seven full-time positions are dedicated to nicotine treatment programming.

In 2003–04, Addiction Services saw approximately 2,500 clients, most of whom participated in group treatment programs; targeted or specialized services were also offered. Approximately three-quarters of these nicotine treatment clients also received free pharmacological cessation aids through Addiction Services.

Addiction Services staff at the district level provided training to various health professionals and community organizations on effective nicotine treatment programs and policies.

Addiction Services are developing provincial nicotine treatment standards and best practices. These guidelines will ensure that district and local nicotine treatment programs are based on the most up-to-date research and offer the most effective treatment options.

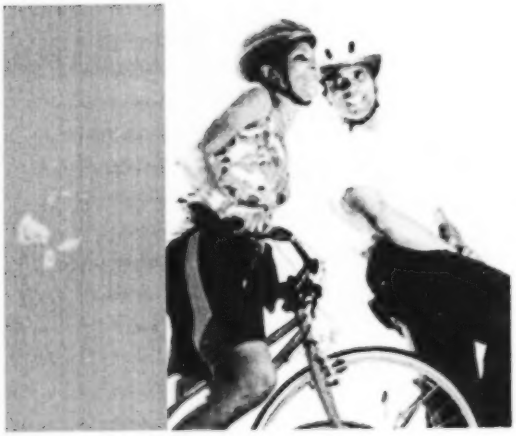
Evaluations of the Addiction Services initiatives are under way but were not available at the time of this report.

Nova Scotia Smokers' Helpline

A toll-free telephone support service, the Smokers' Helpline, was launched in November 2002. The service is funded through Health Canada and coordinated by the Canadian Cancer Society, Nova Scotia Division. The Smokers' Helpline provides individuals who smoke, and people who care about them, with evidenced-based, personalized support, advice, and information over the telephone and refers callers to services in their communities.

During the first year of the service (2002–03) 983 Nova Scotians called the Smoker's Helpline, and 345 follow-up calls were made by quit specialists. In the second year of the service (2003–04),a total of 1,210 calls were received with 847 follow-up calls.

An evaluation of the service was conducted in 2003 by the Canadian Centre for Behavioural Research and Program Evaluation. Participants reported satisfaction with the service. The seven-day quit rate was 9 per cent, and actions taken toward quitting after the Smokers' Helpline call included setting a quit date (57%), cutting down amount smoked (67%), stopping smoking for 24 hours (52%).



The Tobacco Control Strategy has significantly enhanced the accessibility of effective nicotine treatment services and programs.

Monitoring Smoking Rates

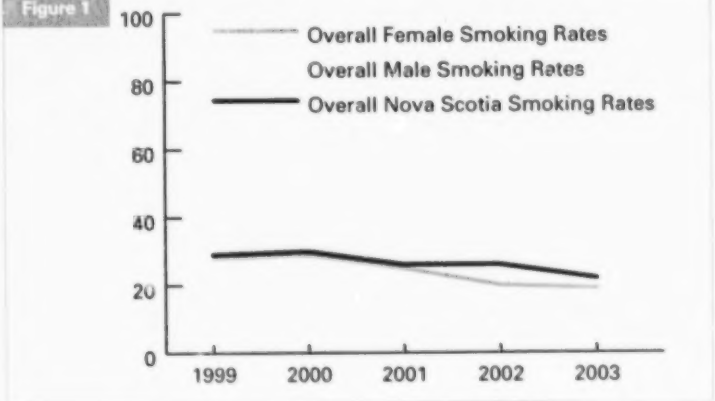
Overview

Research related to adult and youth smoking rates and exposure to second-hand tobacco smoke illustrates declining tobacco consumption in Nova Scotia. The Nova Scotia Tobacco Control Strategy was launched in October 2001, so caution must be taken in attributing the Tobacco Control Strategy initiatives to these declining rates given the relatively short time frame of the strategy.

Adult Smoking

The number of smokers is slowly declining as illustrated in Figure 1. The Canadian Tobacco Use Monitoring Survey (CTUMS) showed a slow but steady decline in the proportion of Nova Scotians aged 15+ who smoke, from 29 per cent in 1999 to 22 per cent in 2003. Rates of smoking remain higher among men than women, with declines in both sexes noted.

Figure 1



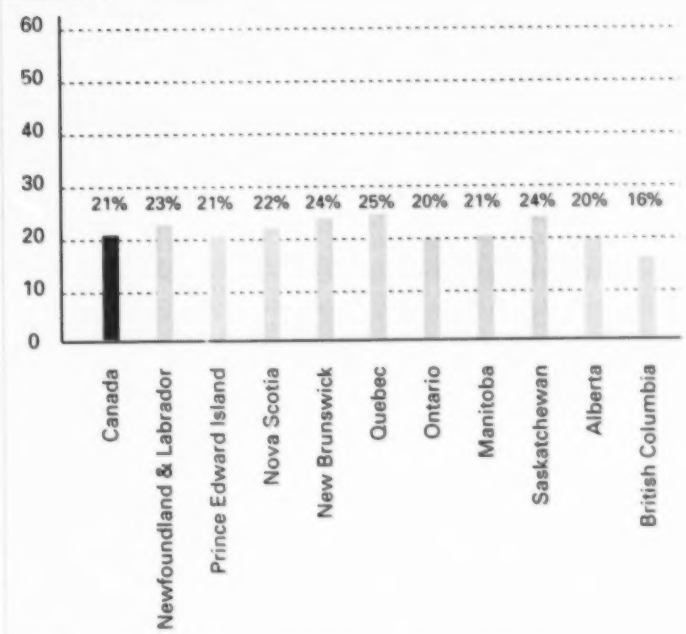
Source: Health Canada. CTUMS (Canadian Tobacco Use Monitoring Survey) Annual 1999, 2000,2001,2002,2003.

Provincial Comparisons

Lower rates of smoking continue to be observed in British Columbia and Alberta. As illustrated in Figure 2, in 2003 British Columbia had the lowest prevalence at 16 per cent, with Quebec reporting the highest rate at 25 per cent, and Nova Scotia close to the national average with a rate of 22 per cent (Health Canada, 2003).

Source: Health Canada. CTUMS (Canadian Tobacco Use Monitoring Survey) Annual 2003.

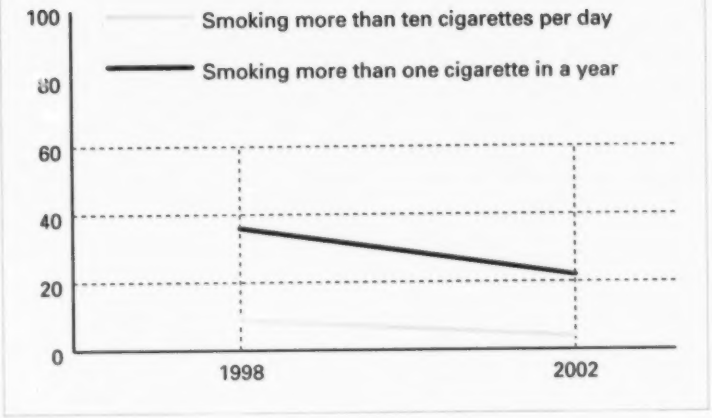
Figure 2



Youth Smoking

After an upward trend in the prevalence of cigarette smoking among students in grades 7, 9, 10, and 12 from 1991 and 1998, a significant decrease was noted from 1998 to 2002 as illustrated in Figure 3.

Figure 3



Students in grades 7, 9, 10, and 12 who reported smoking more than one cigarette in the course of a year declined from 36 per cent in 1998 to 23 per cent in 2002. Declines were also noted in the number of students who reported having smoked more than 10 cigarettes per day, with 7.4 per cent reported in 1998 and 4.3 per cent in 2002 (*Nova Scotia Department of Health and Dalhousie University*).

Source: Nova Scotia Department of Health and Dalhousie University (1998 and 2002). Nova Scotia Student Drug Use: Technical Report

The Canadian Tobacco Use Monitoring Survey revealed a decrease in smoking among youth aged 15 to 19 years of age from 30 per cent in 1999 to 18 per cent in 2003. Similar declines were also observed nationally.

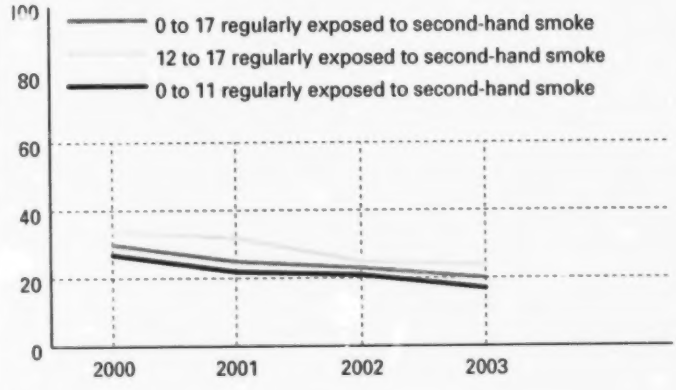
The Canadian Tobacco Use Monitoring Survey revealed a decrease in smoking among youth aged 15 to 19 years of age from 30% in 1999 to 18% in 2003

Exposure of Children to Second-hand Tobacco Smoke

Exposure of children to second-hand tobacco smoke at home is declining in Nova Scotia. In 2000, 30 per cent of children aged 0 to 17 years were exposed at home, with a drop to 19 per cent in 2003. Figure 4 illustrates this decline as well as the decline in the home exposure of children aged 0 to 11 years and 12 to 17 years (Health Canada, 2000, 2001, 2002, 2003).

Source: Health Canada. CTUMS (Canadian Tobacco Use Monitoring Survey) Annual 2000,2001,2002,2003.

Figure 4



■ Exposure of children to secondhand tobacco smoke at home is declining in Nova Scotia. ■

Conclusions

Since the launch of the Nova Scotia Tobacco Control Strategy, increased investments in tobacco prevention and cessation activities have occurred. The result has been the successful implementation of a comprehensive approach to tobacco control including taxation measures, legislation and policy development, a communications/ public awareness strategy, youth prevention activities, community-based initiatives, and treatment and cessation programs. A range of innovative activities is underway throughout the province. These activities have been planned and conducted with a variety of multi-sectoral partners from within the District Health Authority and community organizations.

Smoking rates are declining among adults and youth, and exposure of children and youth to second-hand tobacco smoke at home has improved. These outcomes are encouraging, yet, given the relatively short time-frame of the Tobacco Control Strategy, caution must be taken in attributing the declines to the strategy. Research, however, has illustrated the positive impact that a comprehensive tobacco control strategy can have on tobacco consumption over time. Therefore, continued long-term investment in Nova Scotia's strategy will ensure further reductions in tobacco use, declines in rates of tobacco related illnesses, improved population health outcomes and ultimately a healthier Nova Scotia community.

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ISBN: 0-88871-904-3

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This publication is available on the Internet at <www.gov.ns.ca/ohp>.